

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10-623-971**
APPLICANT(S)

FILED DATE **07-21-03**

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3		1				
4		1				
5		3				
6	1					
7	1					
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TOTAL IND.	6					
TOTAL DEP.	5					
TOTAL CLAIMS	11					
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